PART B - FEE(S) TRANSMITTAL

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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 23117 | 7590 08/24 | /2010 | nave | e its own certificate of ma | lling or transmission. | | |
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| NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
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| | | | | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | ATTC | RNEY DOCKET NO, | CONFIRMATION NO. | |
| 10/580,402 08/11/2006 | | | Sally Leivesley | 613-106 2090 | | | |
| TITLE OF INVENTION | : PRESSURE IMPULSE | EMITIGATION | | | _ | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 11/24/2010 | |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | | |
| SINGH-PANI | | 1786 | 089-036020 | | | | |
| 1. Change of corresponde CFR 1.363). | ence address or indication | n of "Fee Address" (37 | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys | | | | |
| Change of correspondence address (or Change of Correspondence or agents OR, alternative party (122) strategy | | | | matively, | | | |
| "Fee Address" ind | ication (or "Fee Address" 2 or more recent) attach | " Indication form | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| | | | THE PATENT (print or typ | • | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| FLEXIBLAST PTY LTD Wooloongabba, Queensland, Australia | | | | | | | |
| Please check the appropr | iate assignee category or | categories (will not be p | rinted on the patent): | Individual 🖾 Corporat | ion or other private gro | oup entity Government | |
| 4a. The following fcc(s) are submitted: 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. | | | | | | | |
| Publication Fee (No small entity discount permitted) X Payment by credit card. Form PTO-2038 is attached. | | | | | | | |
| XX Advance Order - # of Copies 4 XX The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form). | | | | | | | |
| 5. Change in Entity Sta | • | · | | | | *************************************** | |
| | s SMALL ENTITY state | | b. Applicant is no lon | | | | |
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| Authorized Signature | | Com C. Geoff | | Date Novemb | er 23, 2010 | | |
| Typed or printed nam | e Arthu | r R. Cra√ford | | Registration No. | 25,327 | | |
| Alexandria, Virginia 223 | 13-1450. | NOT SEND FEES OR | on is required to obtain or in 1.14. This collection is est with depending upon the individual content of the complete of the content o | J INIS ADDRESS, SEN | D TO: Commissioner | I by the USPTO to process) ag gathering, preparing, me you require to compartment of Commerce, P for Patents, P.O. Box 1450, | |
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